



California State Teacher's Retirement System  
403(b) Program  
**Asset Transfer Form**

A participant may use this form to transfer assets to the STRS 403(b) Program from another Plan Provider.

**I. Participant Information**

Participant Name: _____	Social Security Number: _ _ - _ - _ - _	
_ _ - _		
Date of Birth: _____	Date of Hire: _____	Daytime Telephone: (    ) _____
Participant Address: _____		
Street Address		
City	State	Zip

**II. Employer Information**

Employer Name: _____
Contact Name: _____ Telephone Number: (    ) _____

**III. Prior Plan Provider/Carrier/Custodian Information**

Name of Prior Plan Provider/Carrier/Custodian: _____	Acct. Number: _____	
Address: _____		
Street Address		
City	State	Zip
Contact Name: _____	Telephone Number: (    ) _____	

I have attached tax information on my asset transfer form and a check made payable to State Street Bank and Trust Company.

**IMPORTANT NOTICE**

☐ I certify that my rollover money comes from a 403(b) qualified source. I have attached copies of the necessary documentation to show that it is qualified rollover money as described in IRS Rev. Proc. 90-24.

**IV. Transfer Information**

I hereby request a transfer of \$ \_\_\_\_\_ or \_\_\_\_\_ % of my 403(b) account maintained by my Employer from the Prior Plan Provider to an account maintained by my employer in the STRS 403(b) Program with State Street Bank. Transferred funds should be allocated in accordance with the following allocation instructions.

Investment %

TempCash Money Market Portfolio	
S & P 500 Index Fund	

EAFE Equity Index Fund	
Self-Managed Account	Not for initial transfer

**NOTE: Whole Percentages Only. Percentage must equal 100%.**

**\* Contributions may not be made directly into the Self-Managed Account. You must first invest your money into either the Temp Cash Portfolio or the S & P 500 Index Fund and then transfer funds into the Option.**

If State Street Bank does not receive proper allocation instructions or if instructions are unclear, I understand that State Street Bank will allocate the assets to the TempCash Money Market Portfolio. In addition, I understand it is my responsibility to ensure the funds are transferred in a timely manner.

#### **V. Account Information**

State Street Bank will need the following information in order to accurately maintain records (your prior provider should have all this data available):

12/31/86 Balance: \_\_\_\_\_

This balance is needed to comply with minimum distribution requirements. Without this detail, State Street Bank will treat the entire balance as subject to post-1986 minimum distribution requirements.

12/31/88 Balance: \_\_\_\_\_

Post-88 Salary Reduction Contributions: \_\_\_\_\_

This balance is needed to comply with withdrawal and hardship restrictions. Without this detail, State Street Bank will treat the entire transfer as post-1988 contributions.

Note: If you are transferring amounts from an annuity account into the Program, you will lose any grandfathered in-service withdrawal right by investing in our custodial accounts.

#### **VI. Beneficiary**

If you are not currently participating in the Program, you should complete a Beneficiary Designation form. To obtain a form, you may call the Customer Service Line at 1-800-699-4032.

#### **VII. Signature**

I request the immediate transfer of funds from my current provider to my CalSTRS 403(b) account.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**For Regular Delivery, please use the following address:**

**State Street Bank and Trust Company  
Attn.: CalSTRS 403(b) Program Unit  
P.O. Box 9195  
Boston, MA 02209**

**For Overnight Delivery, please use the following address:**

**State Street Bank and Trust Company  
Attn: CalSTRS 403(b) Program Unit  
Batterymarch Park III, 2nd Floor  
Quincy, MA 02169**